

Westborough Public Schools
STUDENT HEALTH INFORMATION
Grades 7 - 12

Vision, hearing, & BMI (height & weight) screenings are done in grades 7 & 10. Postural Screenings are done in grade 7, 8, & 9. Please notify the school nurse within the first 2 weeks of school if you do not want your child to participate in the BMI screening.

Student Name _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Parent/ Guardian _____ Parent/ Guardian _____

Can dismiss student? Yes / No Can dismiss student? Yes / No

Employer _____ Employer _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Child lives with _____ Language(s) spoken at home _____

Siblings/ages _____

EMERGENCY CONTACTS (Local adults who will care for your child if you cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

HEALTH CARE PROVIDERS

Doctor/NP/PA _____ Phone _____

Dentist _____ Phone _____

Health insurance Company _____ Policy # _____

If you do not have health insurance, please contact the school nurse for information about Massachusetts programs.

HEALTH PROBLEMS (such as asthma, heart conditions, seizures, migraines - please attach additional pages if necessary)

ALLERGIES: Food Insects Medication Environmental Other _____

Please specify source/treatment: _____

PLEASE COMPLETE THE 2ND PAGE

If your child requires medicine or any special treatment while at school, please contact the school nurse. A signed order from a licensed prescriber and parental permission is required for treatment or medicines given at school (except as noted on reverse).

If the nurse is unable to reach me or one of my designees, I authorize the school to contact my child's healthcare providers. If indicated, the school will call 911 and send my child to the hospital for emergency treatment. The school has no liability for medical costs.

May the school nurse share the above information with appropriate school personnel? Yes No

Parent/Guardian Signature _____ Date _____

Student Name: _____

MEDICATIONS TAKEN BY YOUR CHILD (including those taken at home)

PARENTAL CONSENT for OVER-THE-COUNTER MEDICATIONS (during school hours)

I give permission for the school nurse to provide and administer the following over-the-counter medications to my child, as needed, based on nursing assessment:

Acetaminophen (Tylenol): For mild to moderate discomfort of muscles, menstrual cramps, toothache, headache, mild fever. (Note: Any student with a temperature greater than 100° F must be dismissed to a parent or emergency contact). Maximum dose: 650mg.

Yes No

Ibuprofen (Advil, Motrin, Nuprin): For mild to moderate discomfort of muscles, menstrual cramps, toothache, headache, mild fever. (Note: Any student with a temperature greater than 100° F must be dismissed to a parent or emergency contact). Maximum dose: 400mg.

Yes No

Tums (Calcium carbonate): For indigestion, stomach upset. Maximum dose: 1-2 pills regular strength.

Yes No

Topical application of soap or a mild cleanser, antibiotic ointment, or skin care products including hand lotion, caladryl, or lotion with aloe or lidocaine: For minor first aid treatment.

Yes No

Throat lozenges: For sore throat, cough. Maximum dose: 1-2 per day.

Yes No

Parent/Guardian Signature _____ Date _____

Please refer to the Westborough Schools web site, westboroughk12.org, for information about health services provided at your child's school. You will also find information related to adolescent health issues.